



FINAL REPORT FORM
(Instructions on page 2.)

FY10-_____

I. DESCRIPTIVE SUMMARY

A. ORGANIZATION

Name of Organization _____
Address _____ **City** _____ **State** _____ **ZIP** _____
Contact Person _____ **Title** _____ **Phone** _____

B. NUMBER OF INDIVIDUALS BENEFITING

Total Number of Individuals Benefiting _____ **Youth Benefiting** _____

C. ACTUAL NUMBERS & CHARACTERISTICS OF INDIVIDUALS PARTICIPATING

Number of Artists Participating _____ **Number of** _____ **PTP** _____ **VOL** _____
Ethnic Characteristics of Funded Organization _____
Ethnic Characteristics of Project _____

D. ACCESSIBILITY/ACCOMMODATIONS

List any provisions of special services implemented to make this project accessible to persons with disabilities.

II. FINANCIAL SUMMARY

(Round all amounts to the nearest dollar.)

A. ACTUAL EXPENSES

1. Actual Total Expenses \$ _____
2. Actual Total In-Kind Contributions \$ _____
3. Total Project Expenses (add lines 1 & 2 and enter amount) \$ _____

B. ACTUAL INCOME

4. Actual Total Cash Income (except KAC grant) \$ _____
5. Actual Total KAC Award \$ _____
6. Actual Total Cash Income (total lines 4 & 5 and enter amount) \$ _____
7. Total Project Income (add lines 2 & 6 and enter amount) \$ _____

III. COMPLIANCE

A. Have the total project expenses varied by more than 10% of the approved project budget?

Yes _____ No _____

B. If the answer to IIIA. is yes, attach an additional sheet to explain this variance.

IV. PROJECT SUMMARY (On an attached sheet, provide the information requested below.)

A. In 100 words or less, summarize the project funded. Were there any changes to the project proposed?

If so, what were the changes?

B. Did KAC grant dollars improve the operation of your organization? If so, how?

C. Did KAC grant dollars help leverage additional funding for the project? If so, how and from which funders?

I certify that the above is an accurate financial record of the project. Records and documentation of the above report, including in-kind contributions, shall be maintained in accordance with the regulations of the Kansas Arts Commission and the National Endowment for the Arts. Records shall be maintained for a minimum of 3 years.

SIGNATURE OF AUTHORIZING OFFICIAL TITLE IN ORGANIZATION DATE

INSTRUCTIONS FOR COMPLETING THE FINAL REPORT

I. DESCRIPTIVE SUMMARY

- A. The contact person's name, title, and telephone number where he/she may be reached during the day.
- B. The total audience, participants, students, etc, (excluding employees and/or paid performers) who benefit indirectly from this project. Estimate for broadcasts or large public events. Total number of youth under age 18 that were a part of this total audience.
- C. The total number of artists and/or personnel involved directly in providing art or artistic services specifically identified with the project. Include living artists whose work is represented in an exhibition regardless of whether the work was provided by the artist or by an institution. Also include the number of FTP (full-time personnel), PTP (part-time personnel), and VOL (volunteers) involved in the project. From the codes listed below, choose the **one** predominant **ethnic** characteristic of your organization. If at least half of your organization's staff or at least half of your board of directors or at least half of your members belong to one of the groups listed, then your organization is to be classified as that ethnicity. If none of these conditions apply, please write "General." Choose the **one** **ethnic** characteristic of the funded project which **clearly** emphasizes the culture or traditions of any one ethnicity. If your project does not emphasize the culture or traditions of one ethnicity, please code it as "General." If your organization receives general operating support or support for expenses for several projects and cannot use one ethnic code, please code these projects as "General."

ETHNICITY CODES FOR CHARACTERISTICS OF FUNDED ORGANIZATIONS & AUDIENCES

General (only for projects/organizations where no particular race predominates) G Hispanic H
American Indian/Alaskan Native (not Hispanic) N Black (not Hispanic) B White (not Hispanic) W
Asian/Pacific Islander (not Hispanic) A

- D. List any provisions or special services implemented to make this project accessible.

II. FINANCIAL SUMMARY

A. ACTUAL EXPENSES

1. The actual total cash expenses related to the project for which Kansas Arts Commission funds were awarded.
2. The value of any corresponding non-cash contributions that have been documented and can be verified. Professional services donated should be valued at the professional's standard rate. All other donated time should be valued at the amount indicated in the KAC guidelines. Donated equipment should be valued at its fair market value. If you are reporting in-kind goods or services on the Final Report, adequate records must be maintained by the grantee to substantiate the report items and their dollar value. **It is not necessary for organizations to include in-kind contributions on the financial summary section, unless these contributions are required in order to match the KAC award.**

B. ACTUAL INCOME

4. The actual total cash income should include all sources of non-KAC funding used for the project.
5. The Kansas Arts Commission award spent for the project.

III. COMPLIANCE

According to your Grant Contract, the Commission must be notified of and approve any variance in total project expenses (including in-kind contributions) exceeding ten percent (10%) of the approved project budget. Please submit a letter of explanation with the Final Report. You must answer these questions to substantiate compliance of this grant obligation.

IV. PROJECT SUMMARY

On an attached self-generated sheet, provide a narrative to answer the questions indicated.